

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10/77144	FILING DATE
							APP. (PARTIAL)	
							1/25 CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
NO.	DEP.	NO.	DEP.	NO.	DEP.			
1		1		1				
2			1		1			
3								
4			1		1			
5			4		4			
6			4		4			
7			4		4			
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TOTAL NO.		TOTAL DEP.		TOTAL NO.		TOTAL DEP.		
1		29		1		29		
30		30		30		30		
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		
30		30		30		30		